BMP-COMPLIANT HATCHERY FACILITY AND BIOSECURE PRODUCT RENEWAL FORM

Send completed form as an attachment to info@rssbp.org
Contact info@rssbp.org with any questions on the application or Program.

DATE OF SUBMISSION	
CONTACT INFORMATION	
Facility Name	
Facility Physical Address	
Point of Contact	
Phone number	email

RSSBP RENEWAL REQUEST select one:

_____ FACILITY BMP-COMPLIANCE RENEWAL ONLY *Annual Facility Audit Required. Hatchery Products section must be completed, regardless.*

_____ FACILITY BMP-COMPLIANCE AND BIOSECURE PRODUCT RENEWAL *Annual Facility Audit and Specific Product Audit Required.*

DESCRIBE ANY CHANGES TO BMP COMPLIANCE INFORMATION SUBMITTED IN THE APPLICATION. Including changes in: facility operations, location, procedures, workflow, or training. Attach updated SOPs/protocols as available.

FACILITY BMP CERTIFICATION STATEMENT

I certify this facility continues to implement the biosecurity procedures and practices described, which are compliant with the RSSBP standard.

Signature _____   Date _____

HATCHERY PRODUCTS (this section must be completed)

DESCRIBE ANY CHANGES TO SPECIES PRODUCED AND LIFESTAGES MARKETED Please list <u>any changes to the species or lifesize marketed from originally submitted documentation</u> whether you are interested in covering them under this program or not.

DESCRIBE ANY CHANGES IN HEALTH HISTORY STATUS select one:

_____ In the process of building health history   _____ 3-year health history is in place

Comments (include current frequency of health evaluations of products in the facility and any suspected disease outbreaks):

PRODUCTS FOR BIOSECURITY CERTIFICATION Please list the species and size you are requesting for coverage under the RSSBP <u>either currently or in the future.</u> Health evaluations will be audited to verify compliance.

Genus Species _____size _____

Genus Species _____ size _____

Genus Species _____ size _____

Genus Species _____ size _____

Genus Species _____ size _____

PATHOLOGIST List the name(s) of the Pathologist / Businesses used for health evaluations

PRODUCT BIOSECURITY CERTIFICATION STATEMENT AND RELEASE

I certify compliance with product health history as required by RSSBP and hereby give permission for the RSSBP administrators to continue to access all shellfish health history records for my facility.

Signature _____ Date _____

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